

much more on the needs of rural America than you can the Commerce Department. That's why we put the additional money in. And to take \$400 million out of the Agriculture Department now would be a major mistake if you care about the future economic health of rural America.

Ms. DELAURO. I thank the gentleman.

You know, I think this is truly about the economic revitalization of a part of the country that has been so sorely lacking, and the application process—

The CHAIR. The time of the gentleman has expired.

Mr. KINGSTON. Mr. Chairman, I yield 10 seconds to my friend to finish her sentence.

Ms. DELAURO. Well, I was just saying that the process on the economic recovery package, the application process is underway. It began at the beginning of this month. That money is going out. The demand is up for broadband. Let's give rural America a fighting chance.

Mr. KINGSTON. Let me say this, representing a very rural district, a district where you can't get cell phone coverage, and a lot of the wireless technology is in already, I support what is going on. I agree with the chairman; it would have been nice for all of the money to go into RUS and not the Department of Commerce because it was an existing infrastructure for making this loan program.

The only thing I am saying is you don't get the new money until you have spent the existing money.

The CHAIR. The question is on the amendment offered by the gentleman from Georgia (Mr. KINGSTON).

The question was taken; and the Chair announced that the noes appeared to have it.

Mr. KINGSTON. Mr. Chairman, I demand a recorded vote.

The CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from Georgia will be postponed.

Ms. DELAURO. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Ms. KOSMAS) having assumed the chair, Mr. SNYDER, Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 2997) making appropriations for Agriculture, Rural Development, Food and Drug Administration, and Related Agencies programs for the fiscal year ending September 30, 2010, and for other purposes, had come to no resolution thereon.

APPOINTMENT OF MEMBERS TO HOUSE OF REPRESENTATIVES PAGE BOARD

The SPEAKER pro tempore. Pursuant to 2 U.S.C. 88b-3, and the order of the House of January 6, 2009, the Chair

announces the Speaker's appointment of the following Members of the House to the House of Representatives Page Board:

Mr. KILDEE, Michigan
Ms. DEGETTE, Colorado

COMMUNICATION FROM THE REPUBLICAN LEADER

The SPEAKER pro tempore laid before the House the following communication from the Honorable JOHN A. BOEHNER, Republican Leader:

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
June 2, 2009.

Hon. NANCY PELOSI,
Speaker, U.S. Capitol,
Washington, DC.

DEAR SPEAKER PELOSI: Pursuant to 2 U.S.C. 88b-3, amended by section 2 of the House Page Board Revision Act of 2007, I am pleased to re-appoint the Honorable Rob Bishop of Utah and the Honorable Virginia Foxx of North Carolina to the Page Board. Both Mr. Bishop and Mrs. Foxx have expressed interest in serving in this capacity and I am pleased to fulfill their requests.

Sincerely,

JOHN A. BOEHNER,
Republican Leader.

REAPPOINTMENT AS MEMBERS TO HOUSE OF REPRESENTATIVES PAGE BOARD

The SPEAKER pro tempore. Pursuant to 2 U.S.C. 88b-3, amended by section 2 of the House Page Board Revision Act of 2007, and the order of the House of January 6, 2009, the Chair announces the Speaker's and minority leader's joint reappointment of the following individuals to the House of Representatives Page Board for a term of 1 year, effective July 8, 2009:

Ms. Lynn Silversmith Klein of Maryland

Mr. Adam Jones of Michigan

HEALTH CARE DEBATE

(Mr. BLUNT asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BLUNT. As we approach this debate on health care, there are Republican principles that have been out there a long time that are going to be followed this week by legislation. One of those principles is to ensure that medical decisions are made by patients and doctors, not by government bureaucrats.

I am going to insert in the RECORD an article from yesterday's Wall Street Journal. The title is "Of NICE and Men." NICE being the National Institute for Health and Clinical Excellence in Great Britain. And this article talks about what happens when you have rationed care.

Great Britain has one of the lowest survival rates in Europe from cancer. And in Europe generally, if you compare Europe to the United States, breast cancer survivors, 84 percent in

the United States, 73 percent in Europe; prostate cancer survivors, 92 percent in the United States, 57 percent in Europe.

People need to have more choices, not less choices. We need a more competitive marketplace, not a less competitive marketplace. A government competitor will drive away all other competitors. That will be a critical part of this debate.

[From the Wall Street Journal, July 7, 2009]

OF NICE AND MEN

Speaking to the American Medical Association last month, President Obama waxed enthusiastic about countries that "spend less" than the U.S. on health care. He's right that many countries do, but what he doesn't want to explain is how they ration care to do it.

Take the United Kingdom, which is often praised for spending as little as half as much per capita on health care as the U.S. Credit for this cost containment goes in large part to the National Institute for Health and Clinical Excellence, or NICE. Americans should understand how NICE works because under ObamaCare it will eventually be coming to a hospital near you.

The British officials who established NICE in the late 1990s pitched it as a body that would ensure that the government-run National Health System used "best practices" in medicine. As the Guardian reported in 1998: "Health ministers are setting up [NICE], designed to ensure that every treatment, operation, or medicine used is the proven best. It will root out underperforming doctors and useless treatments, spreading best practices everywhere."

What NICE has become in practice is a rationing board. As health costs have exploded in Britain as in most developed countries, NICE has become the heavy that reduces spending by limiting the treatments that 61 million citizens are allowed to receive through the NHS. For example:

In March, NICE ruled against the use of two drugs, Lapatinib and Sutent, that prolong the life of those with certain forms of breast and stomach cancer. This followed on a 2008 ruling against drugs—including Sutent, which costs about \$50,000—that would help terminally ill kidney-cancer patients. After last year's ruling, Peter Littlejohns, NICE's clinical and public health director, noted that "there is a limited pot of money," that the drugs were of "marginal benefit at quite often an extreme cost," and the money might be better spent elsewhere.

In 2007, the board restricted access to two drugs for macular degeneration, a cause of blindness. The drug Macugen was blocked outright. The other, Lucentis, was limited to a particular category of individuals with the disease, restricting it to about one in five sufferers. Even then, the drug was only approved for use in one eye, meaning those lucky enough to get it would still go blind in the other. As Andrew Dillon, the chief executive of NICE, explained at the time: "When treatments are very expensive, we have to use them where they give the most benefit to patients."

NICE has limited the use of Alzheimer's drugs, including Aricept, for patients in the early stages of the disease. Doctors in the U.K. argued vociferously that the most effective way to slow the progress of the disease is to give drugs at the first sign of dementia. NICE ruled the drugs were not "cost effective" in early stages.

Other NICE rulings include the rejection of Kineret, a drug for rheumatoid arthritis; Avonex, which reduces the relapse rate in patients with multiple sclerosis; and

lenalidomide, which fights multiple myeloma. Private U.S. insurers often cover all, or at least portions, of the cost of many of these NICE-denied drugs.

NICE has also produced guidance that restrains certain surgical operations and treatments. NICE has restrictions on fertility treatments, as well as on procedures for back pain, including surgeries and steroid injections. The U.K. has recently been absorbed by the cases of several young women who developed cervical cancer after being denied pap smears by a related health authority, the Cervical Screening Programme, which in order to reduce government healthcare spending has refused the screens to women under age 25.

We could go on. NICE is the target of frequent protests and lawsuits, and at times under political pressure has reversed or watered-down its rulings. But it has by now established the principle that the only way to control health-care costs is for this panel of medical high priests to dictate limits on certain kinds of care to certain classes of patients.

The NICE board even has a mathematical formula for doing so, based on a "quality adjusted life year." While the guidelines are complex, NICE currently holds that, except in unusual cases, Britain cannot afford to spend more than about \$22,000 to extend a life by six months. Why \$22,000? It seems to be arbitrary, calculated mainly based on how much the government wants to spend on health care. That figure has remained fairly constant since NICE was established and doesn't adjust for either overall or medical inflation.

Proponents argue that such cost-benefit analysis has to figure into health-care decisions, and that any medical system rations care in some way. And it is true that U.S. private insurers also deny reimbursement for some kinds of care. The core issue is whether those decisions are going to be dictated by the brute force of politics (NICE) or by prices (a private insurance system).

The last six months of life are a particularly difficult moral issue because that is when most health-care spending occurs. But who would you rather have making decisions about whether a treatment is worth the price—the combination of you, your doctor and a private insurer, or a government board that cuts everyone off at \$22,000?

One virtue of a private system is that competition allows choice and experimentation. To take an example from one of our recent editorials, Medicare today refuses to reimburse for the new, less invasive preventive treatment known as a virtual colonoscopy, but such private insurers as Cigna and United Healthcare do. As clinical evidence accumulates on the virtual colonoscopy, doctors and insurers will be able to adjust their practices accordingly. NICE merely issues orders, and patients have little recourse.

This has medical consequences. The Concord study published in 2008 showed that cancer survival rates in Britain are among the worst in Europe. Five-year survival rates among U.S. cancer patients are also significantly higher than in Europe: 84% vs. 73% for breast cancer, 92% vs. 57% for prostate cancer. While there is more than one reason for this difference, surely one is medical innovation and the greater U.S. willingness to reimburse for it.

The NICE precedent also undercuts the Obama Administration's argument that vast health savings can be gleaned simply by automating health records or squeezing out "waste." Britain has tried all of that but ultimately has concluded that it can only rein in costs by limiting care. The logic of a health-care system dominated by government is that it always ends up with some

version of a NICE board that makes these life-or-death treatment decisions. The Administration's new Council for Comparative Effectiveness Research currently lacks the authority of NICE. But over time, if the Obama plan passes and taxpayer costs inevitably soar, it could quickly gain it.

Mr. Obama and Democrats claim they can expand subsidies for tens of millions of Americans, while saving money and improving the quality of care. It can't possibly be done. The inevitable result of their plan will be some version of a NICE board that will tell millions of Americans that they are too young, or too old, or too sick to be worth paying to care for.

□ 2230

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

(Mr. POE of Texas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HONORING THE LIFE OF CAPTAIN MARK GARNER

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Ms. FOXX) is recognized for 5 minutes.

Ms. FOXX. Madam Speaker, I rise today to honor the extraordinary sacrifice, patriotism, and heroism of Captain Mark Garner from Elkin, North Carolina. Captain Garner, an officer in the 82nd Airborne Division, fell in the line of duty in Afghanistan Monday when a roadside bomb exploded under the vehicle in which he and three others were riding.

Captain Garner was assigned to B Company, 1st Battalion, 4th Infantry Regiment, Hohenfels, Germany. Dedicated to unyielding service to others, he was among seven U.S. troops killed in what was described as one of the deadliest days for U.S. troops in Afghanistan since 2001.

Captain Garner was an outstanding leader throughout high school, college, and in the United States military. He graduated from Elkin High School in 1997, where he excelled in sports and won several football, basketball, and baseball awards.

In 2002, Captain Garner graduated from the United States Military Academy at West Point as a second lieutenant. He was then assigned to an infantry unit at Fort Bragg, North Carolina.

Captain Garner leaves behind his loving parents and his wife, Nickayla. His absence leaves a hole in the hearts of the Garner and Myers families, the tight-knit community of Elkin, North Carolina, and the 82nd Airborne community.

Captain Garner was described by his friends and family as having lived to serve and sacrifice for others. From a young age, he aspired to be a soldier. He will long be remembered as a man who knew the meaning of service, sacrifice, and the call of duty to his family and his country.

Madam Speaker, my thoughts and prayers are with Captain Garner's wife, parents, and extended family. May they feel God's comforting presence during this difficult time.

We pause to honor his memory and express our gratitude to his great bravery and profound sacrifice. Our Nation is a better place for his having been among us and is blessed to call him an honored son. We mourn his passing, and we pledge our dedication to the family he left behind.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Louisiana (Mr. FLEMING) is recognized for 5 minutes.

(Mr. FLEMING addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

(Mr. JONES addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

(Mr. BURTON of Indiana addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MORAN) is recognized for 5 minutes.

(Mr. MORAN of Kansas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Georgia (Mr. GINGREY) is recognized for 5 minutes.

(Mr. GINGREY of Georgia addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. GOHMERT) is recognized for 5 minutes.

(Mr. GOHMERT addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

NATO

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from California (Mr. ROHRBACHER) is recognized